

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/593793</u>	FILING DATE					
							APPLICANT(S)						
							7/19 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		• <u>7/19</u>	
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TOTAL IND.					0		TOTAL IND.	18		19		2	
TOTAL DEP.					2		TOTAL DEP.	35		45		2	
TOTAL CLAIMS					2		TOTAL CLAIMS	63		64		4	